



Missouri Pharmacy Program – Preferred Drug List



Insulin Rapid Acting

Effective 10/19/2005

Revised 07/05/2007

Preferred Agents

- Humalog
- Novolog

Non-Preferred Agents

- Apidra

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.